

## **Episode SIX Transcripts** 'Behind Crisis Lines' from LivingWorks Podcast: *A World Where LivingWorks*

### **Intro**

Welcome to *A World Where LivingWorks*, stories of science and survival bringing together our heads and our hearts to build a suicide safer world, talking openly about suicide is so important but we also recognise that listening to this series may bring up some tough emotions, if so please talk to a trusted family member, friend, or local support service about how you are feeling.

Visit [livingworks.net](https://livingworks.net) and click on "FIND SAFETY" for international crisis services, we are there to help you.

This podcast is brought to you by LivingWorks, a network of local suicide first aid trainers in your community and communities around the world. Visit [livingworks.net](https://livingworks.net) to find out how you can play your part in suicide prevention.

**Kim Borrowdale:** Hello, my name is Kim Borrowdale and I'm your host today of *A World Where LivingWorks*.

First of all I'd like to acknowledge the traditional owners of the beautiful lands wherever you're listening and where we're meeting today. I'd also like to acknowledge everyone out there who has been impacted by suicide, acknowledging the pain it brings to our lives but also the desire to make positive change for all of us to live well.

Today's episode is all about suicide prevention crisis lines and mental health support services, we're going behind the scenes to learn a little more about how these all important services operate and the people working for these services working hard each day to support those in need.

I'll be talking with Joe Ball, CEO of Switchboard who provide peer-driven support services for the lesbian, gay, bisexual, transgender and gender diverse intersex queer and asexual LGBTIQ+ people, their families, allies, and communities. Switchboard Victoria is a suicide prevention organization and Joe is a passionate advocate on addressing the drivers of suicide for LGBTIQ+ people. Joe Ball uses the pronouns, they/them and identifies as transgender nonbinary, welcome Joe.

**Joe Ball:** Thanks Kim, it's a pleasure to be here.

**KB:** Thank you. Also with us today is Shari Sinwelski, Vice President of National Networks, Vibrant Emotional Health, and Deputy Director of the National Suicide Prevention Lifeline in the United States.

Her expertise in the field of suicide prevention includes directing suicide prevention hotlines, training thousands of individuals in suicide prevention and intervention skills and facilitating one of the nation's first support groups for suicide attempt survivors, Shari is also a LivingWorks ASIST trainer and training coach, thanks so much for joining us today, Shari.

**Shari Sinwelski:** Thanks for having me Kim, happy to be here.

**KB:** First off, I thought it'd be really great for our listeners to just understand a little bit more about each of you, your professional background, your organization's focus on suicide prevention and mental wellbeing and just a bit about what's your why. How'd you come into the suicide prevention field and what sort of things have you worked on, up to now? Shari perhaps we can start with you.

**SS:** Sure, I work for Vibrant Emotional Health, and we're lucky enough to administer the National Suicide Prevention Lifeline in the United States, that comes with funding from SAMHSA, the Substance Abuse and Mental Health Services Administration and the Lifeline has been operating in the United States for about 15 years. And the goal of the service is to provide support to anybody who's in emotional distress or suicidal crisis in the United States, 24/7 and we do that through a network of crisis centres across the country. Right now we have 179 centres in the United States that have joined the National Suicide Prevention Lifeline and they take calls from individuals in their local communities.

I began working in suicide prevention as a volunteer, very, very early, a young age I was actually in my undergraduate work and I started this kind of coincidentally actually, I just saw a flyer saying you want to volunteer on our psychology building and I was like ok, and I just really fell in love with being able to try and be there for people in their darkest moments you know, it's interesting when you tell somebody that you work in suicide prevention, I'm sure you all have had similar experiences that people will say oh wow, you know, isn't that depressing or that must be hard or scary and I really consider it to be a blessing or an opportunity that that people are willing to be vulnerable and share that and to be able to try to help them in that place, I guess that's to say that I really fell in love with the work when I started volunteering and I've been working in suicide prevention for over 25 years now.

**KB:** Thank you so much, sorry that's so true people say that all the time. I think they mentioned, people clutching their head in their hands in the office building, when actually it's quite a motivating and inspiring place to walk alongside people and Joe tell us a bit more about you and your background.

**JB:** Sure. My name is Joe Ball and I'm the CEO of Switchboard Victoria.

I started with Switchboard Victoria, in December 2016, and prior to coming to this organisation you know I had a career, a mixed career in the public service and before that, just over 10 years of working in Disability Service Division, mainly in housing and homelessness, and I guess my turn towards Switchboard was that I wanted to work in my own community and that I found that across many of my jobs I was doing LGBTI work, whether it was sitting on private networks or I worked on the census and the for the Australian Bureau of Statistics and worked on the other reporting strategy for the last census. And I found that wherever I was going I was sort of doing LGBTI work, LGBTIQA+ work.

I guess for me it was a turn towards my own community deliberately and under a belief that, you know, our organisation is a Community Controlled Organisation which means that everybody who works at Switchboard Victoria identifies as part of the community. We have a community control board, all our staff are, all our volunteers are, and that's a policy that I feel really passionate about helping in our hands, and for far too long in the LGBTIQA+ space, we've had a lot of things done to us and for us, under many pretenses of goodwill and some very ill will, by psychiatry and I think the ethos of Switchboard is actually taking our health back into our hands and centring ourselves as the best experts in our own lives and a community response to what's going on.

For me, I think it's also about service and service to your community, which is something I feel really, really passionate about and one of the things I feel about Switchboard is there's a lot of LGBTIQ+ organisations, not a lot, but there is there is some, and they have a lot of different purposes but I'm really interested in all the hard work and always have been in this you know my background working disability in housing and homelessness. I'm really interested in, I guess the coalface for one a better word, you know that the hard graft of working people when they're their most vulnerable and really, standing beside people and I think that's the work at Switchboard is, you know, we do all the things that people don't really want to talk about on a Friday night drinks and we do family violence prevention, suicide prevention, mental health, it's the stuff that people often shy away from to talk about but I feel extremely proud of it, you know that work, it's not the glitz and the glamour but I think it's the hard graft and I really enjoy it.

I mean regarding suicide prevention how I came to sort of have a focus, and I really built a focus of suicide prevention within Switchboard Victoria, I mean we've been around for 29 years this year and it's been, you know, a core part of our work, it's a reason why people call our two helplines that we run and we also have a home visiting program for older LGBTI people who live in aged care or in their own homes, there's always been a suicide prevention focus to our work, but I guess the turn for me of making us a suicide prevention organisation explicitly began in April 2018 when I got a phone call from one of my staff's father, and he rang me to tell me that his daughter, my staff member had suicided and for me, you know, there's so many things to say there about, we all know what suicide does to your life, and it's something really particular about losing someone who works within suicide prevention, and someone who loses someone within your team because you're this really close knit team, we're in it together you know, you build a bit of a shelter within your own community within your own organisation and it really transformed, I mean it's no short, it's no exaggeration to say it transformed my life and what I learned from that experience and brought to Switchboard is for a long time I kept asking myself, as you always do and when you lose someone to suicide, I kept asking myself why did she die? Why did it happen? After a while I started to ask the question of what actually kept her alive and I realised that that was the question, and that was what drives me each day is realising that someone like herself who died, she endured a tremendous amount of discrimination in her life and family rejection and still, she came to committing to youth, and actually community kept her alive and suicide prevention kept her alive and that's what drives me each day is thinking about that is to, one build community so people can contribute and also to address the drivers of suicide so that people are not in that place, that's my why. Yeah.

**KB:** Thank you so much for sharing Joe, that's a big why, and that's sadly not an uncommon why either, is really pushing, so many of us, and so many people in lots of communities to focus on what's supporting people to live well so thank you, thank you so much for that.

What about if we talk about behind the scenes of the service delivery, I know that a lot of people listening, they're either, are working in mental health and crisis organisations or in grassroots suicide prevention and mental health organisations, and perhaps either are looking at their service delivery standards, and what best practice they need to put in place on the front line. But then we've also got a lot of people who are supporters of the work that you both do, and your organisations do, who would really love to understand a little bit more how things work behind the scenes and sort of demystify the crisis lines and suicide prevention in particular, and how that works. So, maybe, Joe if you could share the examples of the training frameworks and how you actually put that suicide prevention focus in place in your organisation, like you said that you really shifted at that point and looked at how Switchboard operated in that way. What did you put in place?

**JB:** We run two helplines, one is the Victorian partner in the national LGBTI helpline QLife, and the other is Rainbow Door which is a Victorian COVID-19 response to mental health.

And I guess for us, one of the things that was transformative in that moment was making suicide prevention, across the whole organisation, and now at Switchboard every single staff member and volunteer and board member is trained in ASIST, not just the people on the helpline, you know, and building a community of people who've undertaken ASIST and now we have you know ASIST trainers and numerous ASIST trainers and mandating that within our own organisation, some people do safeTALK instead, for various reasons, like the commitment and their involvement with the organisation, but it's all about having everyone being able to respond to suicide. And one of the things that was the driver about that was recognising that there's some research around LGBTIQ+ communities and suicide prevention, which I found out, you know, more recently and researcher, Dr. Katherine Johnson and she talks about it actually teaching people to intervene on suicide teaches you to intervene on yourself. And then it's really pressing in LGBTIQ+ communities and research shows that actually in our communities, if people learn these skills, they're more likely to, you know, effectively use it on themselves, then have necessarily success in the community and that's what really drove me I guess everybody to be trained up in it. That's you know, our finance officer, our admin officer, the chair of the board you know, it's just absolutely everybody and I've heard all of those people have told me that they have used the ASIST program and I think that was a big change.

I think the other thing is, is what we have an ethos at Switchboard which I think is really important that in the phone work that we do is that we work as a team and we consider this in our feminist response, and a feminist framework is that the person taking the call is never alone in the work. And we have, have a process where the person can put our caller on hold and turn to the team of people that are in the phone room and have a conversation about what we can do next, and of course there's some things there about not gaining the confidence of the caller so that they can handle the pause and things like that. But I think that was something really important to us is recognising that not putting all that pressure on the individual staff member or volunteer who's responding to that caller and actually working as a team and that it's a team responsibility, which I think is fantastic for the caller themselves.

But there's also a preventative strategy to not feel like all the weight and responsibility is on that individual and I think that's a big thing that's changed for us it's about collectivising the responsibility for suicide prevention and that goes from the individual work we work, to the advocacy I do to state and federal governments is to say this is a collective responsibility, you know it's not our fault you know, as LGBTIQ communities that we have such high rates of suicide is not our fault and actually if you look at the drivers community collective response so we need to address it that way.

**KB:** I love that, thanks, Joe.

It's so great to hear that everyone from the finance officer to the person on the end of the crisis phone line is getting that suicide first aid training, and then you're hearing them apply it in their day-to-day lives, that's a really great initiative and Shari, how do you manage that with 179 lifelines across the country. How do you take that service delivery standards and implement that ethos as Joe was referring to in Switchboard in such a massive organisation.

**SS:** Yeah, you know it's interesting because many of our crisis hotlines existed before the Lifeline existed. We've got crisis hotlines in the United States that have been around for, gosh, more than 60 years now at this point and there was a lot of good work being done in crisis

intervention and suicide prevention in the United States, before the Lifeline even came into fruition.

However, in a lot of ways it was being done in, you know, in silos and in pockets and it hadn't been really necessarily evaluated or unified to understand how or if it was working, being funded through SAMHSA it allowed us to have some evaluation of what was happening on the crisis lines and to develop best practices. And we very much worked in collaboration with our crisis centres to develop really an iterative process for learning what was happening on those crisis lines organically, kind of, from the start before the Lifeline was there, what were some of the areas that we're going really well on the lines and maybe were there areas that we could do better and crisis lines could do better.

And when we would get the results of our evaluations, we worked very closely with Dr Maddie Gould, she did a lot of our evaluations, continues to do evaluations for us Dr. Brian Mishara, and others and as we would learn, you know what they were learning and hearing on our evaluations, then we would very quickly take that information back to our centres so that we could make changes and make improvements and so we've been really proud of that iterative process and being in collaboration with the centres.

Some of the things that we learned from that, you know it was interesting when crisis centres first started you know I was working at a crisis centre before the Lifeline started and there was even in the field of suicide prevention there were people who had asked things like we know, do crisis lines really work, and if somebody is really thinking about suicide are they really going to even call a crisis hotline you know, there were kind of these hesitations or considerations that people would have that, you know, wondering if it was even a method that they would want to fund and support in terms of supporting people in crisis and I think what we learned from our early evaluations was that yes, very seriously suicidal people were calling, people who were had definitely, sometimes even taken action to take their own lives and there was really great things happening when people were calling the lines and great interventions were happening.

But we also learned that there were some things that we could do better, you know some of the centres have been around for a really long time, but had really great training programs in place, others were kind of more new didn't necessarily have as established training in place and we put standards in place that centres have to meet, but we also allow them some flexibility and individuality as to how they do that in their own local communities and in their own regions. For example, we have certain assessment that they have to do on a call to determine if a person is at risk and if so, how safe might they be in that situation and what might they need to do to try to establish more safety and we have our what we call our suicide risk assessment standards that came from our evaluations. We also have what we call our imminent risk guidelines, helping to guide people and make decisions, ok, we think that if this call ends this person may not be safe, what is the best thing that we can do to try to support them and our imminent risk guidelines are based on philosophies such as collaboration and least intrusive intervention and really trying to work with the person who calls us to find ways that they feel most comfortable to be able to find a way to feel better, because we know that if they can feel better and feel some hope that that's when they're most likely to stay safe.

That's sort of the way that we've worked in collaboration with our centres, but we also have committees that guide our work as well. We have three different committees that guide the work of the Lifeline. We have our Steering Committee which is sort of focused on kind of business and capacity issues. We have our Standards Training and Practices Committee and that's really talking about those best practices and constantly refining them and learning what we take from

our evaluations and importing that out to the centres, and we also have our Lived Experience Committee, what you were saying Joe really resonated with me in terms of within the suicide prevention field, there was also a dynamic for many years, probably even before I was born, frankly, of kind of this us and them in terms of the helper and the in the person who needed help, and you know, there was not necessarily a lot of openness in terms of people speaking about their own personal lived experiences of suicide and when the Lifeline was created our founder, our director Dr John Draper, you know immediately kind of recognised that if we're really going to make this a successful endeavour, we need to have people here at the table who have this lived experience and can guide our work.

And we're also always taking input from that committee and using that as we're developing our best practices that we're looking both at the clinical research but also the practical application and the impact that it might happen somebody's life.

**KB:** Fantastic thank you, Joe did you want to say something.

**JB:** Yeah, I want to make a comment about, you know, I think that we always need to ask ourselves whether it's working. I think that's really important in this space, and then to be driven by evidence-based and self-reflective practice and, you know, one of the big questions is, why have an LGBTIQ+ phone line, you know, there are other services that LGBTIQ+ people can call and do call in Australia, and why have a specific phone line and I think the world over there is LGBTIQ+ phone lines and actually they've been the cornerstone of the service sector for our community.

And I think it speaks to the needs within our community around social isolation and rejection and the need to form community that is not about your direct family, but about finding chosen family, but there was a recent piece of research in Australia called LGBTI lives in crisis, which was a research done with our Lifeline in Australia, and QLife the service we work with, that we're a partner in, and one of the things they found is that, you know, people in our community want choice around they want a specialist LGBTIQ+ phone line, and they also want to use mainstream services where they're culturally safe, and there's a lot of work to be done in Australia about making other phone lines culturally safe, and unfortunately way too often on our phone line we actually hear about people having a bad experience on other help lines, because the individual phone worker hasn't been trained in cultural safety for our community. I mean, people are so vulnerable to be misgendered and even when they're corrected and not have their gender not accepted on the phone line, you know it's such a terrible time to be sort of I guess fighting with someone who should be helping you, you know.

In our work at Switchboard, we try and when possible, to capacity build within other phone line services and one of our missions there because we know that our community needs to be able to use both and all, mainstream and specialist, but we do know that people want to talk to people who understand, and they want to feel that connection and that's really important and it makes a huge difference when someone rings up and they just know that that person is LGBTIQ+, and they don't need to have those basic educative conversations.

But in order for that to be a real experience we have to train our volunteers in LGBTIQ+ peer work, because just because you identify as part of a community doesn't mean you necessarily understand the whole community.

What I'm really passionate about is peer work is something that you learn, it's not something you intrinsically know. I mean, how would someone know necessarily what it means to be a

brotha boy or sista girl which is a trans terms in Australia for Aboriginal and Torres Strait Islander people. If you don't identify or have lived within those communities, you know we have we do training around that we do cultural training for all our volunteers around Aboriginal and Torres Strait Islander communities. I think, you know, that's I guess my contribution about like do why we do LGBTIQ phone lines.

And then, you know, within our Rainbow Door work our newest phone line we have a reference group, and the reference group we really think about the sheer diversity within our own community and don't assume that diversity is just being LGBTIQA+ it's all the intersecting identities, so our reference group you know has representatives for people living with a disability, people who are and or Aboriginal Torres Strait Islander, people who are older, that's really important you know there's a big difference in our community like between people who grew up under criminalisation and younger people today. I think you know we try and have a reference group that really drives the diversity in intersection and to recognise you know diversity is everybody's work, even LGBTIQA+ community groups.

**KB:** I love that research actually about you need both, mainstream and LGBTIQ+, and that choice is important, choice and cultural safety in building that capacity of all the services. And also, I think it links back to about what you Shari was saying earlier about the previously the helper and helpee is actually having people work in your organisation who identify with a diversity of experiences, is also enabling people to see themselves in that service, yeah, that was really useful, thank you.

And Shari what about in terms of what Joe was saying about building that capacity and uplifting both on a diversity front, and a suicide prevention front, how have you implemented that across the Lifeline.

**SS:** Yeah, that's a great question.

So, very similarly in the United States, we also have some speciality hotlines for various populations, we work very closely with the Trevor hotline to both provide training for the counsellors that are on our lines and actually Trevor's are represented on all of our different committees as well. But we're actually working really closely right now to see how can we even offer more to individuals who call in to the lifeline and may want to be connected to somebody that they can even more closely relate to somebody perhaps that's working on the Trevor line. And right now, that could be offered through a warm transfer but we're also looking at to see if that's something that might want to be an option right from the very beginning when somebody calls in, that it's an option that they could just go straight to the Trevor Project, that's one of the ways that we've been trying to meet people where they are and give them a choice in services, so that they can feel most comfortable because as Joe mentioned it's really important that people don't have to, I guess, for lack of a better word, go through more red tape, when they're in crisis you know they want to be able to feel welcome and comfortable and be able to be vulnerable in whatever way that means for them.

**KB:** Just take it back to basic Shari, what, people listening today might not actually understand what sort of trainings in place for someone as a crisis hotline caller, if I was a Lifeline counsellor or whatever term you use, do I have to be a psychologist, am I a health professional, like who are you recruiting and what sort of skills and training and qualifications do people have to work in on a crisis line?

**SS:** Yeah, that's a really great question.

No or yes, I guess it could be the answer to that question. You might be a psychologist, you might be a volunteer, you might be a mother, you might be a student, there's many different things that somebody who's answering the line might be because we have different centres that are part of the Lifeline.

The folks that are answering calls might be different from centre to centre, some centres in some states in the United States, might be part of bigger behavioural health system for example, and they might have requirements that somebody has a master's degree in counselling or social work or something like that and then we also have centres that are different, in different communities where they might be primarily staffed by volunteers. Different centres look different in terms of the requirements of who may be answering the calls if you're looking at it from a degree's sort of perspective.

I think what's common amongst anybody who answers the lines, is that they have had a base training and that they've been screened to be able to be empathic and non-judgmental and to be able to listen to people's perhaps really intense deep feelings when they're in crisis and be able to do that calmly and in a supportive way.

The training that is offered for centres, also varies a bit because the centres are allowed to create their own training packages, as long as they meet the standards that I have mentioned. On average, I'd say most of the trainings are probably at least 50-hours long but they could be longer than that in some communities. Some of the centres are offering other types of services and so the trainings that they have to go through, may be more extensive.

As the result of some of the evaluations that we did that I mentioned earlier, we recognise that some of the newer centres, maybe we're looking for some more standardised training that they could kind of plug and play so to speak and so we did make the ASIST training available across the network, any centre who's part of our network has an opportunity to go through an ASIST T4T to send two of their staff members or volunteers to a T4T, and then we support them in making those workshops available within their centre.

At this point, the majority of our centres have chosen to do that and we've done some evaluation on that work too, again that kind of that iterative process that I've told you about and we've seen that centres who have put their counsellors through the ASIST training we've seen some good results from those evaluations specifically counsellors who were at those centres, their callers at the end of the call seem to be rated as less depressed, less overwhelmed, we also noted that some of the results of that study indicated that those counsellors were more inclined to explore reasons for living than to talk more about reasons for dying, certainly saw some evidence of that training coming through and the results of their calls as well.

**KB:** Fantastic and T4T, that's training people within your specific organisation or Lifeline to then train the rest of your organisation, it's a training process.

**SS:** Yeah, thanks for pointing that out that lingo there Kim, T4T is a Training for Trainers and we really want to try to build capacity within the local communities, rather than just training people and kind of leaving we want them to be able to continue to train their staff, and members of their community so that there's really resources within the community to help people who are in need.



**KB:** That's great and Joe is that the same for Switchboard both in relation to qualifications and training, the most of your staff and volunteers who support or have other qualifications and what sort of training do you put in place for them?

**JB:** Over the two phone lines is a different requirements, the Rainbow Door has like a short term case management function to it. That's done by a paid staff and it has a focus on family violence and suicide prevention. In order to work and family violence space that's not a role for volunteers and requires a certain level of skill and you know it's a lot of people who are working in social work and have the relevant family violence experience.

However, I would add to that you know in our community, the research shows that family violence is higher than in non-LGBTIQA+ communities and family violence is the driver of suicide, that a lot of LGBTIQA+ people you know end their lives as a way to escape rural communities or families who reject them and you know that's a really sad reality but it is suicide, is driven by highly by family rejection and a lot of that time that family rejection is actually family violence we're talking about. There's a correlation, you know, between our different work when we talk about doing family violence work and doing suicide prevention. That's the Rainbow Door work and that has a certain level of requirements.

The QLife work we do, working nationally on the national service is people don't have to have a professional background, we absolutely attract some students that you know want the experience of being on the phones but it is a volunteer role, they have a paid team leader who's qualified and supports them during every shift that they're on, but as a volunteer, they receive 10 days of training and on top of that 10 days of training they get the two-day ASIST training, and they receive regular group-based supervision and immediate supervision, like in the phone room after they take a call, and that reflective practice but I really, Shari I really, it was the affinity I had, you know, it's really interesting about phone lines because there's so much commonality I always find and ultimately what you are looking for is somebody who has, who is empathetic, who's able to listen, who's self-reflective, and who is willing to learn and whose able to learn and able to hear, critique, and change and work within that team environment, you know that people can have all the qualifications in the world, really, and certainly people come to us to volunteer who have, you know, psychology degrees, and they want to use it for a short time in volunteering or part of their, you know time is volunteering, but at the end of the day if they're not able to learn, and they're not able to listen, you know somebody who doesn't have any degree could actually be far better because that ability to listen is that key component and that's something that I think we take for granted that we can all listen, but actually we have to learn to listen, you know that's what we talk about active listening and, and there's a particular way to listen when you do suicide work and that's what you know ASIST teaches us is what you are listening for.

I would just add that in the ASIST, which listeners may not be aware, but you know Switchboard was involved in the development of the first ever LGBTI cultural safety ASIST training, we have been involved in adapting ASIST to make it culturally relevant to our community and that's been a fantastic process, because at the end of the day, the base you know I'm such a believer in this, the ASIST system, but there's certain things within the training that don't necessarily speak to our community, some of it was the videos for starters, that needed to be remade for those who've done the ASIST training, you know, they do have a really heterosexual focus and don't necessarily speak to the nature of our community where a lot of suicide interventions happen from chosen family, not from necessarily biological family.

And you know we've been part of giving advice about changing those videos, we've adapted to training, and we feel really proud of that, that work that we've done to make ASIST relevant to our community and I think that's, yeah, I'll just leave it there I just feel really proud of that work, because I think the tenants of the program are fantastic and we proved it time and time again that one of the things we realised after we trained everybody in ASIST is that our recording around suicide went up, we were recording that we had far higher suicide calls, and that's because people were learning how to listen in a new way, and to hear the signs, and I think that's why I feel so committed to ASIST, now I feel like I'm giving a hard sell, but I feel passionate about it because I saw that massive difference within like the first group that went through of people doing ASIST, I saw an immediate change of suddenly there was a spike in our recording of suicide calls but it was just because we were learning a different way to talk about it.

**KB:** That's amazing, I am always motivated when looking a little deeper when you see the statistics of different incidents of calls going up and I remember going to training, years ago where they said, never be disheartened or freaked out about someone calling and talking about suicide because they've called you and they're talking about it so that's a good thing, so when you see these numbers go up like I know you know with COVID, we've seen increases in calls but I'm just so glad that people who are anxious about the situation are actually making the calls, it's really interesting to hear that, after the training, he saw those instances go out which means people are doing that deep listening, as you say.

Shari, what about in Lifeline, the debriefing and supervision aspects that Joe was mentioning about, how does that work in your organisation.

**SS:** Yeah again, it happens individually at the centres in an immediate way, certainly the Lifeline does a lot to try to support centres and that work, you know, we've talked about training already but one of the things that our evaluations have shown is that there's not necessarily a difference between the quality of work that a volunteer might provide versus somebody who might be degreed or professional in the field, but it's often more about how much time they've spent doing this, which is often I think in my mind equated to confidence and their kind of ability to be calm and comfortable in these situations and that does come a lot from training and certainly ASIST training helps with that in the unique way that it's provided, allowing people to kind of first and foremost talk about their own personal experiences with suicide because I think that being able to kind of process those and kind of reconcile where they are personally with issues related to suicide also can help people be perhaps more calm and confident and listening to where others are at.

I think training is a big part of wellness and kind of being able to have people be able to know how the issue may personally affect them before they even start, I think is really helpful. But in terms of how we support the centres, you know, we try to make opportunities available for centres to have a peer network with each other, you know one of the big things that we do is we try to network all of these 170 centres so that they're able to connect with other organisations that are doing that same work and to learn from each other, that's one of the ways that we do that and we do many webinars where we're doing different types of training and there's a focus on wellness on some of those especially since COVID, you know there was such a big change I think for all of the centres and many of them working to go remote and seeing increases in calls and just so many changes so quickly and I think that we've done a lot since then to support the centres and sometimes it makes its way in terms of, we create tip sheets and kind of lessons learned from the network, but we also do kind of what we call our office hours, every other Friday we allow anybody who wants to just show up in a Zoom Room, to kind of come and talk

and debrief and talk about what's going on with them and how is the work affecting them or their centre.

We've actually luckily been just recently, we received some funding that's allowing us to actually have an entire position, a program manager for wellness and their role is to help to provide technical assistance to the centres, but also find ways to kind of make it scalable, a lot of our centres are so caught up in the work that they're doing that it's hard to take a time out sometimes and create some of the fun things or the wellness activities that are important to be able to provide for their centre so we're hoping to create some opportunities that they can kind of take and plug in and use in their centres if they haven't had the opportunity to focus on it with the busy work that they're doing. Those are some of the ways that we've tried to emphasize and focus on wellness within the network.

We also do it in other ways, though, in terms of just like being careful to provide some guidance to the centres just in terms of like, what should the work environment look like in terms of metrics and how much occupancy, for example is the word that's used should a counsellor have when they're taking calls, how much time in an eight hour shift, should they actually be on the phone, you know, and how much break time do they need in debriefing time and training, there's other ways that looking at wellness is important, that is a little bit different than the clinical aspects but just actually kind of the numbers and the work, because people, when call volume is happening and there's so many calls coming in, we want to take them all but we also need to recognise that individuals need to be able to take care of themselves and take breaks to, to be able to give back.

**KB:** Definitely particularly now when most of the people who are supporting others also are trying to do their best to cope with the COVID environment and whatever's going on in their own lives and their own environment.

**SS:** Absolutely.

**KB:** Joe is there anything you'd like to add about the staff wellness angle and how you take care of people and foster that team sense at Switchboard?

**JB:** Yeah, I mean I think one of the things that I learned early on when I started at Switchboard was why people came and volunteered with us, and you know we have this quite unique experience in the volunteering space where we are absolutely inundated with people who want to volunteer with us, which is quite surprising to people, people might think we might be begging people to volunteer with us but you know we'll open a training course and within the first couple of days, hundreds of people, I'm not exaggerating, hundreds of people want to come and volunteer and around a lot of other type of volunteering that's quite foreign to people, like volunteer coordinators and what we realise with the people who come and volunteer with us is, I made a lot of assumptions about who they were, as people, and they're absolutely a mixed bunch of people that there was a reoccurring theme about the people weren't necessarily really out or connected to being LGBTIQ+, like a lot of people came to us to actually find community, and I assumed, and one might assume that there are people who were really active in community and wanted to give back, but actually the dynamic was that a lot of people, they hadn't found community yet, and didn't relate necessarily to what the broad LGBTI community was, they didn't relate to the party scene or yeah, like elements of what they thought it meant to be gay, for example.

But what they didn't relate to was the warmth of like service and giving back and coming into community with people and given that, it's become a priority to make sure we do build a community, that Switchboard is a community and that includes you know really thinking about you know how we run our training, how we run our, how we hold people, how we run social events, you know, an understanding that people, that's key to them, they want to connect to the other phone workers, because one of these can be like an isolating or you know you do a training course and you do it with 25 other people, that's what happens a Switchboard, people go through and they really consider themselves a class of this year what they were doing, like three or four year, but they, class number blah blah blah and then they form a group where they every year, they set up a Facebook group and they become the class of Switchboard and they have a Facebook group where they have a friendship as people went through, and people catch up externally and socially and people make lifelong friends.

And I must say that two of the women who are really involved in the foundation of Switchboard back in 1991, after marriage equality, they married, they met at Switchboard. They met during the training course of 1992, and when it was legal in Australia recently, they married so like I think, not that I ever pitched that you come to Switchboard to meet your life partner, but I think that people absolutely make like lifelong friends and really connected friends that share a commonality.

A lot of our phone workers are introverted people, like I don't know how that fits across other phone lines but then you know there are people that are drawn to this kind of work they're really special group of people because it's not work that everybody wants to do, it's not work you get badges of honour for doing, you know one of the things I say about it is you don't win awards for doing that work being a volunteer, peer worker on a phone helpline. The only people who really actually know what you do, because it's confidential and anonymous you can't go around spreading it in a small community like the LGBTIQA+ community that you sit on the phones, otherwise it's prevention from people calling.

The work is very private, the volunteering is very private, and the only people actually really know what you do is, other phone workers, we work really deliberately to build that community. And that's been a real struggle during COVID because we can't come together, in space together so we've had to create those Zoom communities and regular catch ups, and a specific Facebook group for everybody, rather than just for the classes, and we have to actively you know speak to that community idea that we are a community of people.

I mean on top of that we have the more formal supports, and I spoke about that earlier, which is that regular supervision, that people come into group supervision and we're doing that group supervision via Zoom right now and there's also we also provide people one-on-one support, like if someone takes a very particular challenging call, you know, we might offer them one-to-one, once-off session or support with our counselling supervisor who works for us, our clinical supervisor.

I think it's a mixture of those things, understanding that you need to use a therapeutic model, and a clinical model, but you also need to build community.

**KB:** Great, thank you. I'm also seeing some opportunities for maybe like a novel or a movie script about love on the crisis line. We'll take that...

**SS:** Funny you were talking about all crisis lines having similarities Joe, and I can also think of some very similar stories in some of my days at the various lines too, there might be several themes they have in common.

**KB:** That's the next series, we'll do that.

I thought it'd be nice for the final question to just come full circle to what we were talking about right at the start, which was that people often sometimes make the wrong assumption that working in suicide prevention and working with on crisis lines and things like that is depressing work and it's obviously got its challenges, but it's also some of the most motivating and inspiring work that you can do and really that sense of pride and I guess what I really like to end with is a reflection from both of you about something that in your work or your exposure to this area of work that you've been particularly proud of, or something that's really stuck with you when you look back at it.

**JB:** I think I always remember this moment where, this man came up to me in a public space and he said to me after I've been speaking about like what is Switchboard and doing a public address and he said to me, you made me a better boyfriend, and he wasn't talking about me personally, he was talking about the organisation and it always stuck with me about the experience he had as an individual that you know yes, he did the work on the line, but the skills that he learned through being a peer supporter with Switchboard have stayed with him his whole life and I've heard that story a number of times, like the skills you learn to listen to other people, to be respectful, be empathetic, be non-judgmental, those skills are something that don't stop when you put the phone down and come off shift, hopefully. They're skills that you actually take with you and I think about the you know I work as a custodian of an organisation that started in 1991 that has built a community of people who are out there in my community, having respectful conversations, understand what consent is, have been trained in ASIST now, can recognise the red flags of family violence, and I feel immensely proud to have played the years that I have in this role of building that community of people like literally we've trained thousands of people since 1991, and they are all out there.

I think that's what's really great about the work you do on the shift is really important, but the transformative experience you have as a phone worker stays with you for your life. Yeah, so it was that moment where that man said that to me that drew my attention to how important his work is not just for the caller but for us as a phone worker, and I feel like that is absolutely the case for me as the CEO of Switchboard but this job has made me a better person, undoubtedly, and that I have been shaped by those who use our services, and those who work and volunteer in our service, and that's what gets me up every morning, I think, is that I know that I'm building a more resilient LGBTIQ+ community that can respond to suicide, but also that every day, I am being changed for the better.

**KB:** Absolutely love that thank you Joe, and Shari, what would you like to share? Tough act to follow that one.

**SS:** I know I should have went first.

You know I had mentioned that when the Lifeline first started, we formed our various committees and one of them was the Lived Experience Committee and this was before I was working for the Lifeline so I was actually at one of our crisis centres Didi Hirsch when the Lifeline released some guidelines on incorporating lived experience into the work that the crisis lines were doing.

And now, you know, we hear about lived experience a lot and there's a lot of people who are talking about their own personal experience, but it was only 13 years ago, when that document came out and at that time, people were not talking about their own lived experience in a very public way and one of the things that the Lifeline recommended you know they had sort of like a focus group of folks who had survived a suicide attempt or who had family members that had struggled with suicidality and one of the resounding recommendations that came out of that group was that there needed to be opportunity for people who had this experience to come together and one of those ways potentially was through a support group. And when I was at Didi Hirsch, Didi Hirsch was the first Suicide Prevention Centre in the United States and has a long reputation and history of sort of the founding fathers of suicidology, created this this crisis centre, and as such, we're always looking for new and better innovative ways to support people and when that recommendation came from the Lifeline, I was charged with okay let's try to do this. Let's try to create a support group for people who have survived a suicide attempt and you know, there's support groups for almost everything these days, you know, and at that time, there really wasn't anything happening in that field and certainly in terms of anything that had been evaluated to show if it was helpful or not and there was actually people in the field of suicide prevention who were not so supportive of the idea, people who said, you know, well is that safe and you know, might people influence each other negatively if they're considering suicide or have had thoughts of suicide, might there be some sort of what they call it in the field contagion effect there, could have a negative consequence. And we said, well, it might but there's nothing to show that it does until we try right and we created this group, and we knew that the evaluation of it would be really important and we made sure to put in evaluation to let us know exactly how the impact that it was having.

And I guess to say now here we are, that group started in 2011, after some serious planning and research and started in 2011 and it's been running ever since, and there's been hundreds of people that have gone through it and there's been an evaluation that shows that actually no, this group has not shown anybody to feel worse or more suicidal quote unquote, but actually, people are feeling more hopeful, less desire for suicide, more resilience, I mean all of the outcomes that we would hope to see, and not only that but we've created a curriculum, I still work in this way with them, we created a curriculum to train other people to implement these support groups in their communities, including in Australia. And I think that I remember one woman who attended that group on the last night, she brought these little ornaments that were shaped like keys and she gave one to everybody who was in the group and she said, this is a key and it said, it said secret on the key and she said, when I came to this group I felt like I had a really big secret that I couldn't share with anybody else in the world and coming to this group provided me the key to this secret that I was holding inside and that I've been able to share and she just talked about how life changing it was for her and so I could talk about a lot of stories like that but that one in particular gives me goosebumps when I share it.

That just creating a safe place for people to talk about their common experiences can be so powerful and helpful for people and, and I know that lives have been saved through that group.

**KB:** It's extremely powerful thank you so much I can, yeah I can picture the key and the fact that, that's now happening around the world is just an absolute testament to the work and the progress that's happened over the years and it's all about that safe space to be heard and see yourself and be understood and I think it's...

**SS:** Absolutely.

**KB:** It's been so great to talk to both of you about this, I'm sure I could talk for hours and hours but it's late and early wherever you may be, we might wrap it up there, just to let the listeners know too that if they want to learn more about the work that you're doing is to go check out the Lifeline website in the States, and also Switchboard Victoria and get in touch with Shari and Joe's teams if you want to learn more and hear about the work that they're doing and get involved.

Thank you so much to both of you for talking with me today, I've really enjoyed it and I can't say enough about how good it is to share your reflections and insights with the listeners today.

**SS:** Thank you, Kim I appreciate the opportunity. Thank you.

**JB:** And I really liked doing this with you Shari as well.

**SS:** Yes, it was so great to meet you.

## **Ending**

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